

L12000046211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

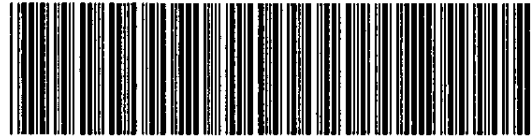
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/09/12--01026--006 **125.00

EFFECTIVE DATE

3/12/12

FILED
12 MAR -9 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan APR - 4 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABCROA REMODELING, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALDO ROA

Name of Person

ABCROA REMODELING, LLC

Firm/Company

2142 WHITE PINE CIRCLE, APARTMENT B

Address

GREEN ACRES, FL 33415

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALDO ROA

Name of Person

at (561) 674-3084

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2012

ABCBROA REMODELING, LLC
2142 WHITE PINE CIRCLE, APT. B
GREEN ACRES, FL 33415

SUBJECT: ABRCOA REMODELING, LLC
Ref. Number: W12000014075

We have received your document for ABRCOA REMODELING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of organization must be prepared in compliance with section 608.407, Florida Statutes. We are enclosing the appropriate forms and instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 412A00009064

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABCROA REMODELING, LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2142 WHITE PINE CIRCLE
APARTMENT B
GREEN ACRES, FL 33415

Mailing Address:

2142 WHITE PINE CIRCLE
APARTMENT B
GREEN ACRES, FL 33415

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ABCROA

Name

2142 WHITE PINE CIRCLE, APARTMENT B

Florida street address (P.O. Box NOT acceptable)

GREEN ACRES FL 33415

City, State, and Zip

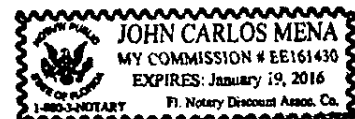
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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MANAGER

ALDO ROA

2142 WHITE PINE CIRCLE, APARTMENT B
GREEN ACRES, FL 33415

MANAGER

BORIS ROA

2142 WHITE PINE CIRCLE, APARTMENT B
GREEN ACRES, FL 33415

MANAGING MEMBER

CRISTOBAL ROA

2142 WHITE PINE CIRCLE, APARTMENT B
GREEN ACRES, FL 33415

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 12, 2012 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ALDO ROA

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

